

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

5637-60-041840

IDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5637

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 35 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5818 BROOKLYN AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Theodore Middle Anderson Last Anderson				4. DATE OF DEATH Month NOVEMBER Day 7 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-05	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Mgr. Shores Truck Line		10b. KIND OF BUSINESS OR INDUSTRY Shores Truck Line		11. BIRTHPLACE (City and state or country) Georgia, Kans.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JAMES ANDERSON		13b. MOTHER'S MAIDEN NAME Jessie McDroy		14. NAME OF HUSBAND OR WIFE Ruth Ann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-24-237		17. INFORMANT Ruth Ann Anderson			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest						INTERVAL BETWEEN ONSET AND DEATH 1 minute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Coronary Atherosclerosis DUE TO (c) Arteriosclerotic Heart Disease						5 1/2 Years 5 1/2 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Myocardial Infarction 7-57						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 26, 1957 to Nov. 7, 1960 and last saw ^{him} alive on March - 1958 Death occurred at 6:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Philip G. Kaul M.D.		22b. ADDRESS 411 Nichols Road		22c. DATE SIGNED 11-8-1960			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 11-9-60	23c. NAME OF CEMETERY OR CREMATORY Antioch Cem.		23d. LOCATION (City, town, or county) (State) Ottawa, Kans.			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-9-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Philip G. Kaul

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Buech

Licensed Embalmer No. 409

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.